Best Practices in Performance Measurement and Outcome Assessment

Valerie Bradley
Human Services Research Institute

ID Redesign Workgroup
September 6, 2011

Overview

- Why should we care about monitoring and measuring quality?
- Performance measurement and the relationship to system values
- Changes in CMS expectations
- Components of a Quality Management System
- Importance of quality improvement strategies
- Examples of data and information that can be used for quality

Why Should We Care About Quality?

- We have created a movement and made promises to people with disabilities and their families

- Ideology alone does not create a stable and reliable system of supports

- The greater the investment the greater the expectations

- Unless we build quality in to each major reform initiative, we can't be sure that our intent is realized

Where Have We Been?

- Prescriptive licensing and active treatment standards

- Clients observed but not engaged

- Criteria were limited to clinical/medical/behavioral issues

- Focus was on the process of providing services

- Outcomes desired by people with disabilities were not valued

Pressure for More Systematic Quality Management

- Increased complexity of community systems
- Pressure from stakeholders
- Improvement in technology
- Interest in accountability and results
- Exponential expansion of the HCBS waiver and changes at CMS

How is the Shape of Public Systems Changing?

- Increased reliance on data
- Moving from a "wholesale" to a "retail" system
- Centrality of service coordination
- More people with disabilities will be living with their families and in small supported settings
- Accountability and transparency are paramount
- CMS is a much bigger player

The Way We Measure Performance Should Mirror Our Values

- Person-centered, individually tailored services
- Self-direction and self-determination
- Freedom from harm and abuse
- Independence and productivity
- Inclusion and community participation
- Family support

System Outcomes (Olmstead Plan)

- Public awareness and inclusion
- Access to services and supports
- Individualized, person-centered
- Collaboration and partnership in building community capacity
- Workforce and organizational effectiveness
- Empowerment
- Active participation
- Accountability and results for providers
- Responsibility and accountability for government

Individual Outcomes (NCI)

- People have support to find and maintain community integrated employment.
- People have support to participate in everyday community activities.
- People make choices about their lives and are actively engaged in planning their services and supports.
- People have authority and are supported to direct and manage their own services.
- People have friends and relationships.
- People are satisfied with the services and supports they receive.

Individual Outcomes, Continued

- People are safe from abuse, neglect, and injury.
- People secure needed health services.
- Medications are managed effectively and appropriately.
- People are supported to maintain healthy habits.
- The system makes limited use of restraints or other restrictive practices.
- People receive the same respect and protections as others in the community.

Family Outcomes

- Families/family members with disabilities have the information and support necessary to plan for their services and supports.
- Families/family members with disabilities determine the services and supports they receive, and the individuals or agencies who provide them.
- Families/family members with disabilities get the services and supports they need.
- Families/family members use integrated community services and participate in everyday community activities.
- Families maintain connections with family members not living at home.
- Families/family members with disabilities receive adequate and satisfactory supports.
- Individual and family supports make a positive difference in the lives of families.

Changes in CMS Expectations Re: 1915c Waivers

In DD: The Waiver Rules

- Waiver programs for people with DD account for about 75% of all waiver spending

- There are about 100 DD waivers in operation

- In 2006, there were about 480,000 people with DD received waiver services v. 239,000 in 1998 (out of about 1.2 million total)

- The annual cost was about $40,000

- Four times as many people receive waiver services than are served in ICFs/MR

# General Accounting Office (GAO) Study finds problems in HCBS Services (2003)

- No detailed guidance to states on necessary components of a QA system
- States provide limited information about quality approaches in annual reports
- Quality issues were identified in HCBS waivers
- CMS reviews were not timely
- Some waivers not being reviewed

New CMS Approach

- Shifts review process away from "snap shot in time"

- Formalizes ongoing dialogue between CMS and State

- Based on state monitoring its own processes and procedures

- Focused on state producing *evidentiary based reports to demonstrate that assurances are met*

- CMS reviews reports based on assessment of how effectively state monitored its own performance and addressed issues identified

All States Must Assure
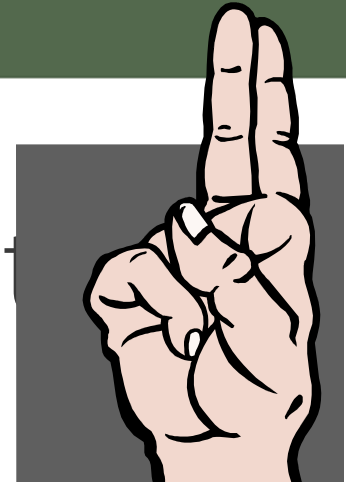
- Eligibility (Level of Care) is carried out in a valid, reliable, and equitable fashion

- Individual Plans include services and supports that align with individual goals, strengths and needs

- Provider qualifications are regularly checked and monitored

- Individual health and well being is maintained

- Financial accountability is maintained

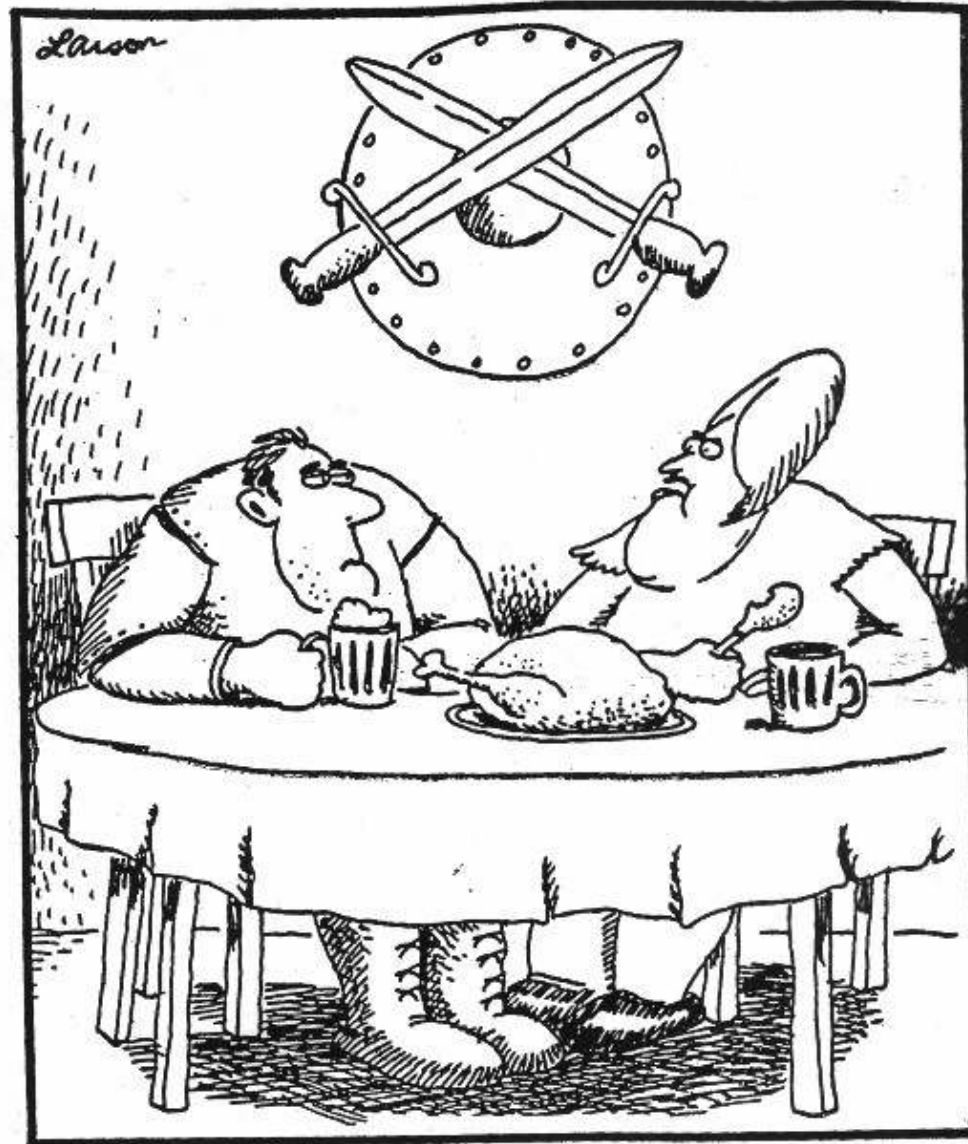- The Medicaid agency maintains administrative authority

Components of Quality Assurance/Performance Assessment

Fable of the Blind Men and the Elephant: You Have to See the Whole Picture
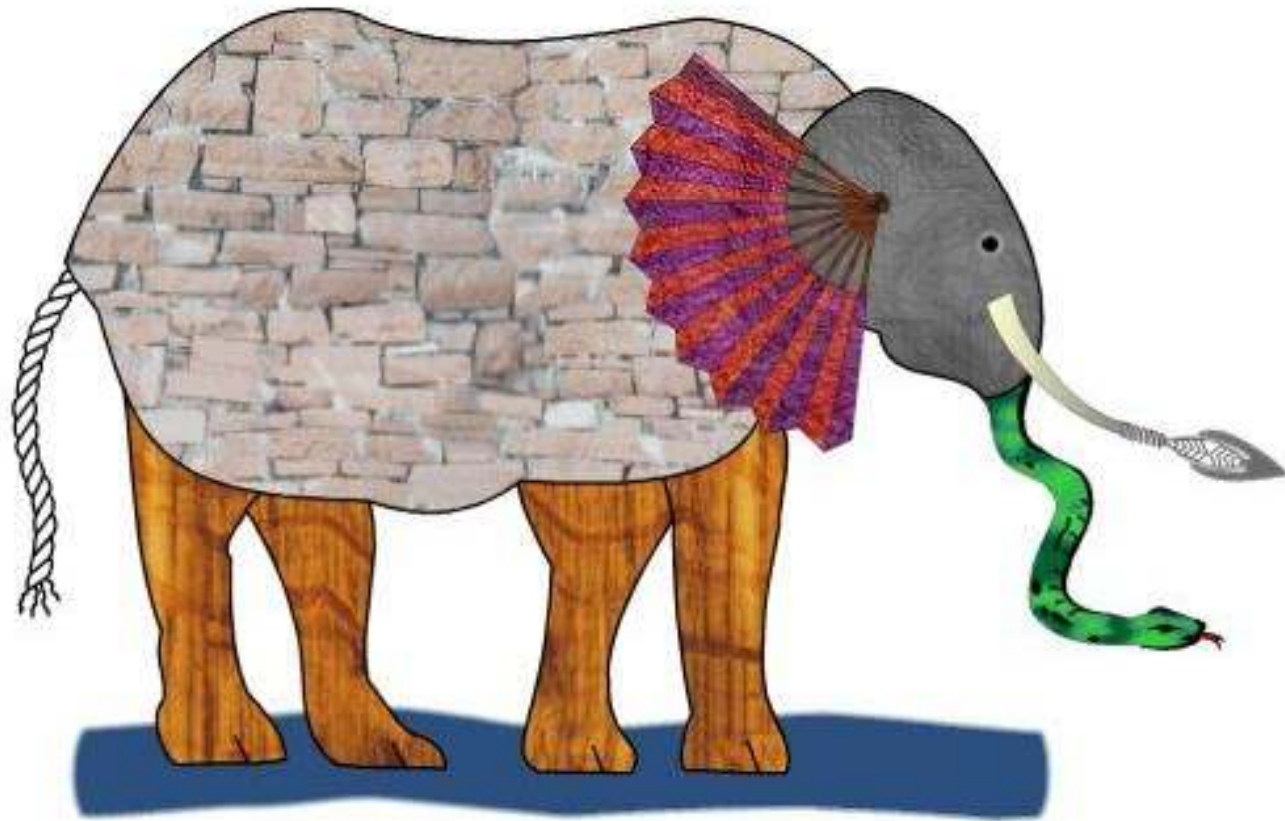
HCBS Quality Framework
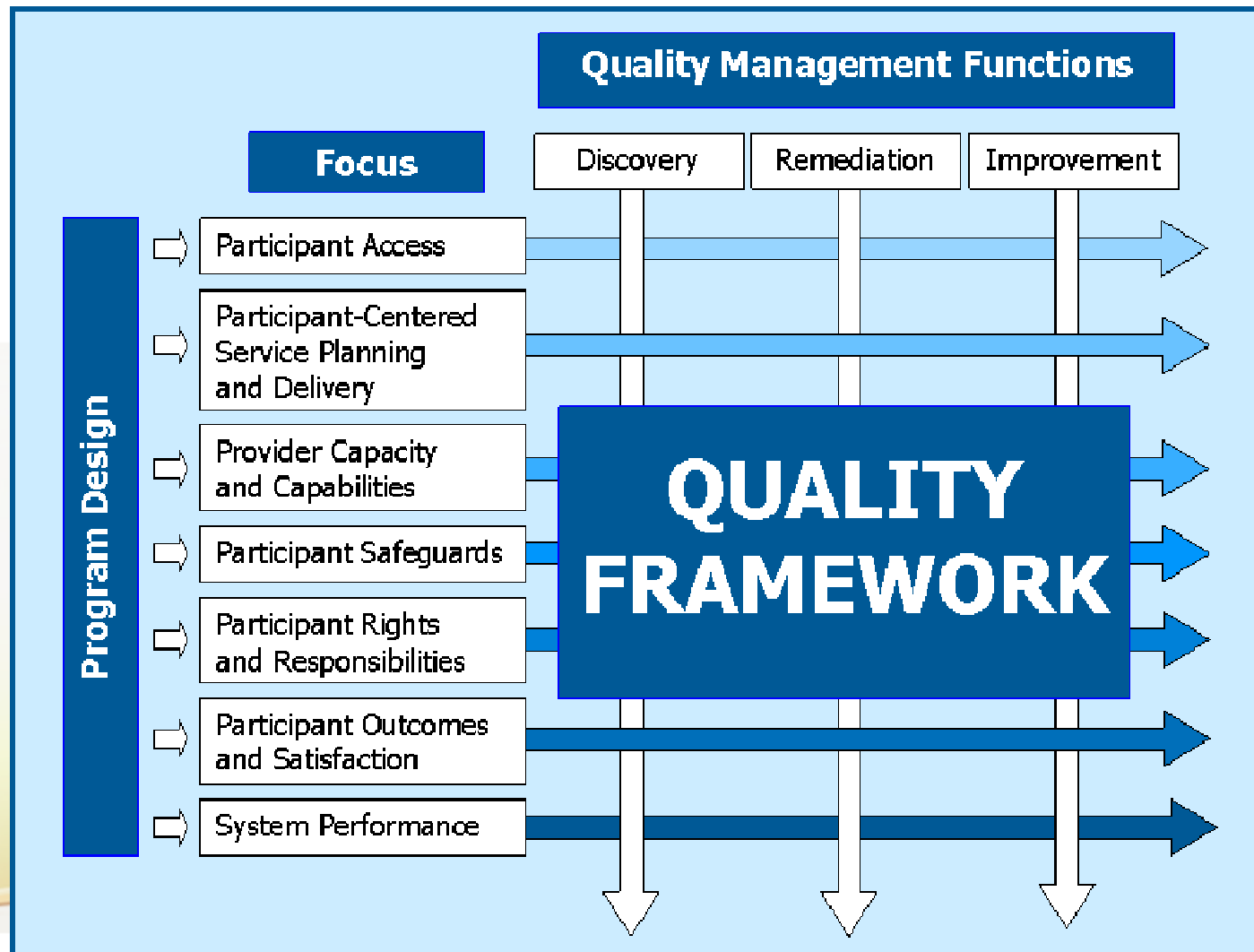
"And another thing ... I want you to be more assertive! I'm tired of everyone calling you Alexander the Pretty-Good!"

What Does Quality Management Involve?

* Development of quality goals or indicators
* Review of information about the performance of the system
* Identification of issues
* Recommendations for improvement
* Review of progress towards achieving targets
* Review of existing outcomes/ measures and identification of possible new ones

Focus on Evidence

State collects, aggregates and analyzes quantitative/qualitative data from:

- service coordination monitoring
- record reviews
- risk assessment results
- participant feedback surveys
- provider certification reviews
- waiver audits
- incident management database
- complaint database analysis
- paid claims
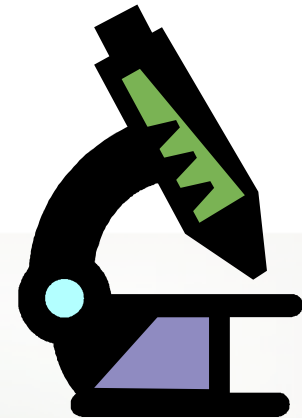
Evidence is analyzed and information is used to remediate and improve services and supports

"I see you brought the pie charts."

Examples of Evidence for Performance Measurement

Examples of Evidence

Methods of Discovery	Evidence:
Incident reporting system	Analysis of serious incidents by type of residential arrangement, age, level of disability, etc.
Service coordination monitoring	Percent of individuals receiving all services and supports in their ISP
Consumer Survey	Proportion of people reporting that they feel safe in their communities
Complaint reports	Numbers of complaints by specific issue (e.g., privacy concerns, transportation constraints, etc.)

USE OF SYMBOLS

TYPE OF CHANGE — SYMBOL

TYPE OF CHANGE	SYMBOL
Positive Increase	↑ (green) +
Negative Increase	↑ (black) -
Positive Decrease	↓ (green) +
Negative Decrease	↓ (black) -
Neutral Stable Trend	↔
Potential Trend	↓↑

+/- 10% criteria

OUTCOME	Indicator	Measure	Change FY02-FY03
Health - *people are supported to have the best possible health.*	1. Healthy Lifestyle	Receive Support	↔
	2. Physical Exams	Receive Annual Exams	↑ +
	3. Dental Exams	Receive Annual Exams	↑ +
	4. Safe Medication	MOR No. and Rate	↔
		Percent Hotlines	↓ +
	5. Issues Identified and Addressed	Action Required Reports	↓ +
		Medication Investigations	↓ +
		Denial of Tx Investigations	↔
Protection - *people are protected from harm.*	1. Investigations	No. & Percent Substantiated	↔
		Trends: Most Common Types	NA
	2. CORI checks	No. Without Violations	↑ +
		Violations per Provider	↑ -
		Percent Lack of Records	↑ -
	3. Safeguards for Persons at Risk	Corrective Action	↔
		Preventive Action	↔
		CIR Rates	↑ -
		CIR by Type	NA
Safe Environments - *People live and work in safe environments.*	1. Safe homes and work places	Percent Safe Environment	↔
		Action Required Reports	↓ +
	2. Evacuate Safely	Percent - Safely Evacuate	↔
		Action Required Reports	↓ +
	3. Know what to do in Emergency	Percent - Know what to do	↔
Practice Rights - *People understand and practice their human and civil rights.*	1. People exercise their rights	Percent Exercise Rights	↔
		Percent Treated Same	↔
		Percent Treated with Respect	↔
Rights Protected - *People's rights are protected*	1. Less Intrusive Interventions	Percent - Less Intrusive Used	↔
	2. Consent - Restrictive Interventions	Percent - with Consent	↔
	3. File Complaints	Percent - Able to File Complaint	↔
	4. Restraint Utilization	Facility: Percent Restrained	↑
		Community: Percent Restrained	↑ -
		Facility: Ave No. Restraints	↓ +
		Community: Ave No. Restraints	↑ -

A FEW EXAMPLES
FROM A MORTALITY REPORT

Mortality Rate by Where People Live
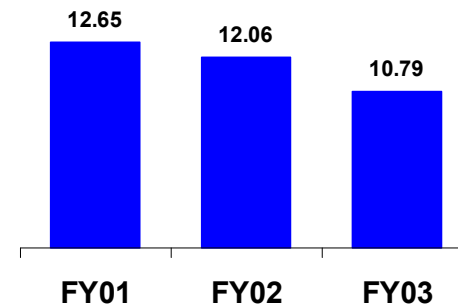**No. Deaths per 1000 People**
FY 2003

Home 4.1, SL 7.6, CTH 4.3, CLA 12.3, STS 22.6, RC 30.2, LTC 100.8

Residential Setting

Mortality Rate
No. Deaths per 1000
Comparison: FY01- FY02 - FY03

FY01 12.65, FY02 12.06, FY03 10.79

GENDER
No. Deaths per 1000
FY 2003

Men 11.538, Women 9.836

Mortality Rate by Age Range
Comparison of FY02 and FY03

Only age range with an increase in mortality rate

	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+
FY02	6.589	1.652	2.834	7.639	10.566	19.841	39.807	47.511	92.486	200.00
FY03	6.395	1.211	5.100	5.981	7.394	18.630	34.843	41.667	81.871	166.66
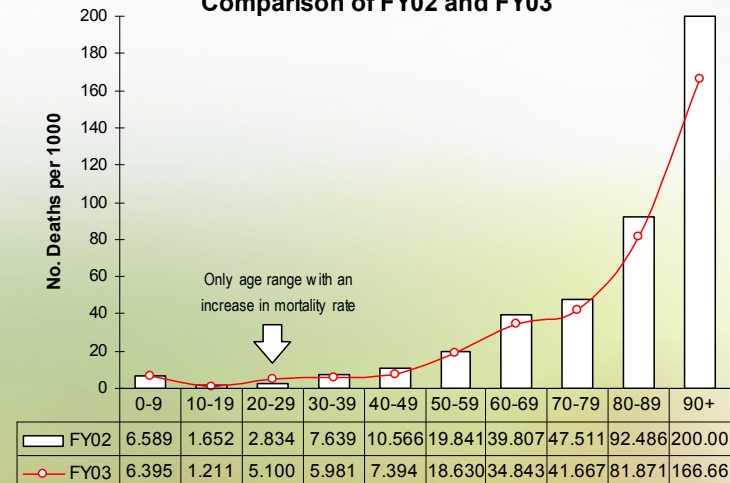
Mortality Rate by Level of Disability
for Persons Served by DMR
FY 2003
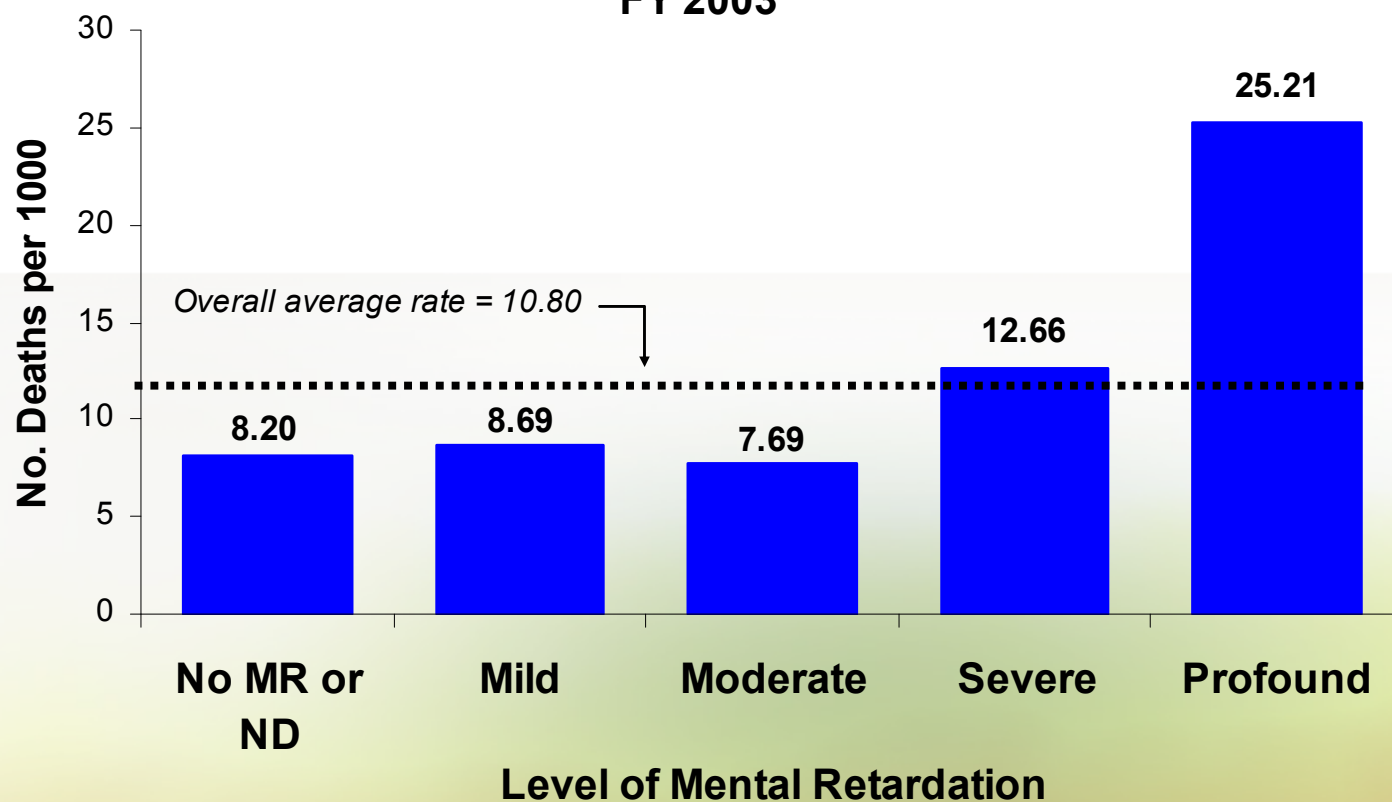
COMPARATIVE ANALYSES

BASIC ANALYSIS OF SIMPLE DATA

Rate of Substantiated Abuse
(No. Substantiated Incidents/No Served)
by Type of Residential Setting
FY 2001

No. People
- STS: 0.014
- RC: 0.018
- PRIV ICF CLA: 0.022
- PRIV CLA: 0.014
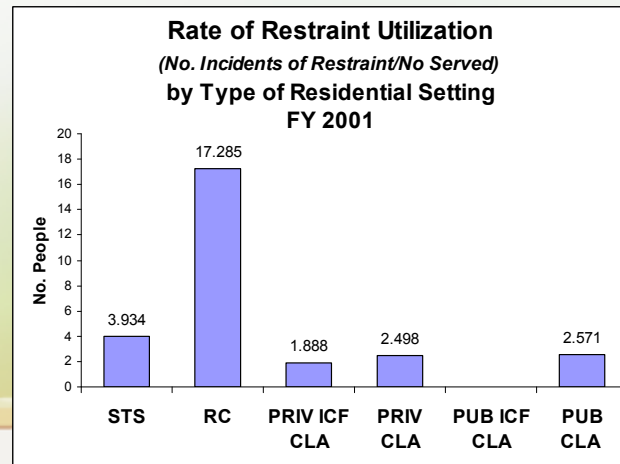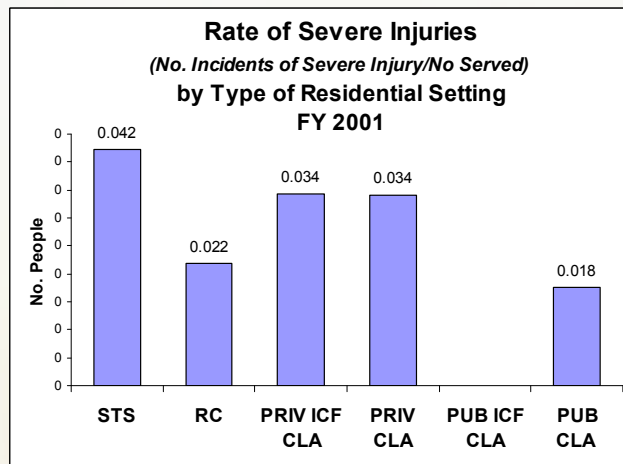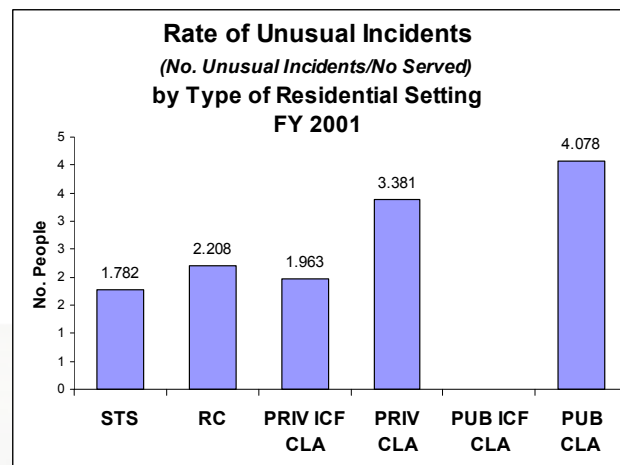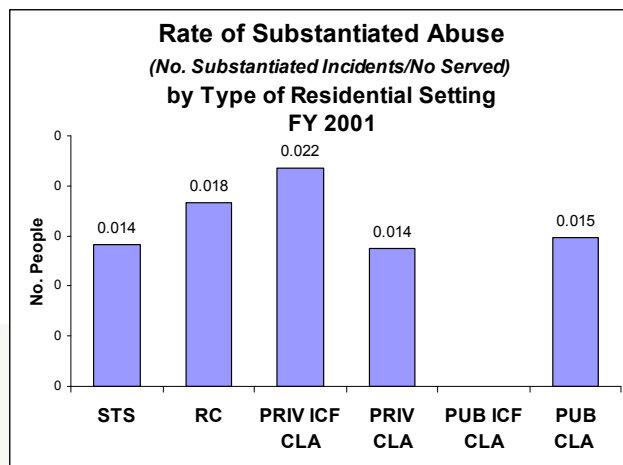- PUB ICF CLA:
- PUB CLA: 0.015

Rate of Unusual Incidents
(No. Unusual Incidents/No Served)
by Type of Residential Setting
FY 2001

No. People
- STS: 1.782
- RC: 2.208
- PRIV ICF CLA: 1.963
- PRIV CLA: 3.381
- PUB ICF CLA:
- PUB CLA: 4.078

Rate of Severe Injuries
(No. Incidents of Severe Injury/No Served)
by Type of Residential Setting
FY 2001

No. People
- STS: 0.042
- RC: 0.022
- PRIV ICF CLA: 0.034
- PRIV CLA: 0.034
- PUB ICF CLA:
- PUB CLA: 0.018

Rate of Restraint Utilization
(No. Incidents of Restraint/No Served)
by Type of Residential Setting
FY 2001

No. People
- STS: 3.934
- RC: 17.285
- PRIV ICF CLA: 1.888
- PRIV CLA: 2.498
- PUB ICF CLA:
- PUB CLA: 2.571

- Useful as tool to help **focus attention** on differences
- **Identify** areas needing further review and analysis
- Can **target analysis** to region, type of provider or service
- Can **combine with trends analyses** to identify changes over time by region, provider or service

Mortality Prediction

Variables in Logistic Equation

Variable	B	S.E.	Wald	Sig	Exp(B)
AGE	0.054	0.002	542.587	**0.000**	**1.056**
GENDER	-0.048	0.08	0.365	0.546	0.953
LEVEL OF MR					
Mild MR	-0.088	0.22	0.159	0.690	0.916
Moderate MR	-0.074	0.222	0.112	0.738	0.928
Severe MR	0.138	0.226	0.373	0.541	1.148
Profound MR	0.015	0.224	0.005	0.945	1.016
SUPERVISION					
Medium Spvsn	0.391	0.126	9.560	**0.002**	**1.478**
High Spvsn	0.507	0.157	10.385	**0.001**	**1.660**
VISION					
Imp/Corrected	0.069	0.094	0.537	0.464	1.072
Imp/Not Corrected	0.175	0.139	1.587	0.208	1.191
Imp/Blind	0.298	0.156	3.63	0.057	1.347
MOBILITY					
Unsteady	0.63	0.12	27.402	**0.000**	**1.877**
Assist Device	0.499	0.163	9.406	**0.002**	**1.648**
Person Support	0.621	0.185	11.261	**0.001**	**1.861**
WC/Indep	0.916	0.177	26.735	**0.000**	**2.499**
WC/Depend	1.484	0.145	104.572	**0.000**	4.411
Dependent	1.81	0.185	95.35	**0.000**	**6.111**
Constant	-5.828	0.27	464.781	0.000	0.003

1

3

2

Probability
(How much more likely to
Die than reference group)

EXAMPLE

People who are:
MOBILITY DEPENDENT are 6X
as likely to die as people who
are mobility independent

Top 10 Leading Causes of Death

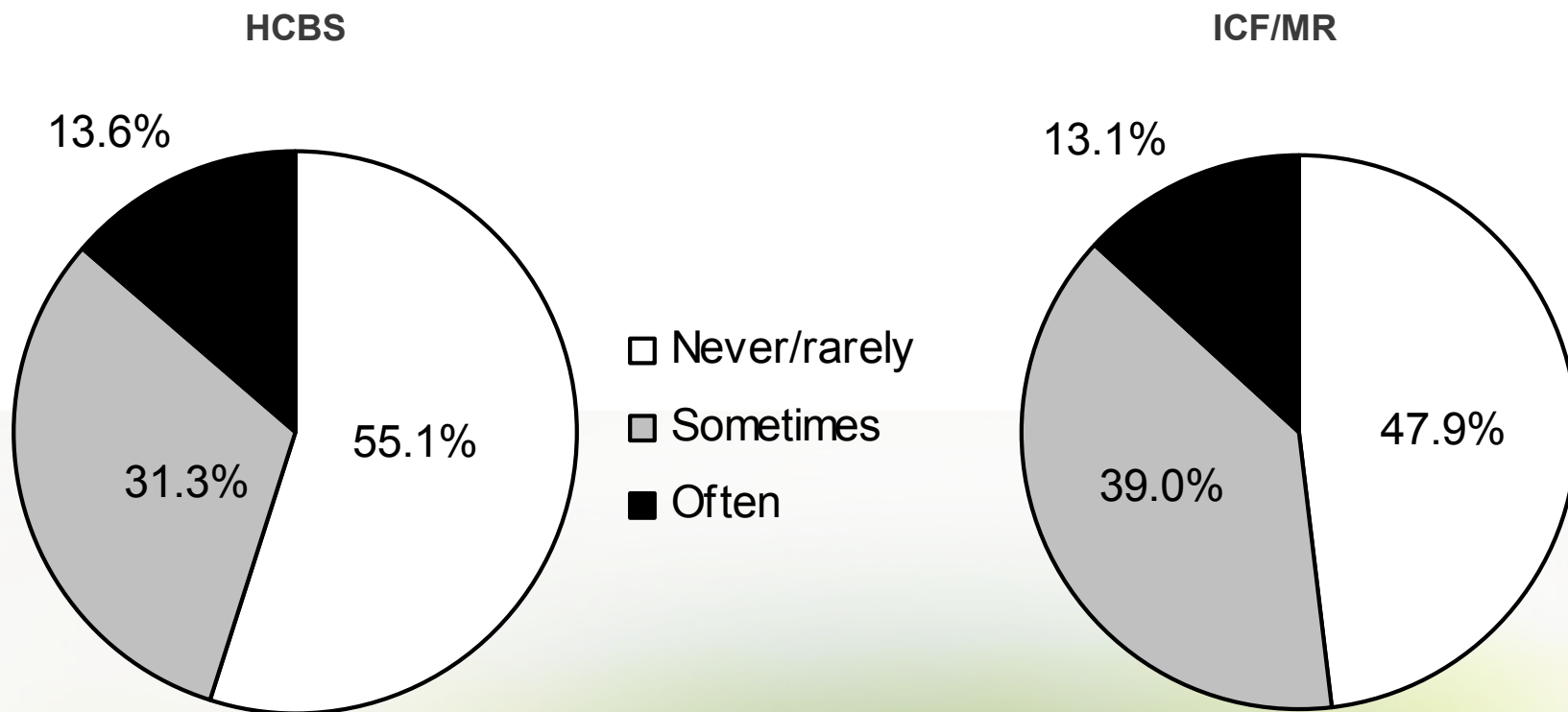| Rank	U.S. 2002	MA 2001	DMR 1999	DMR 2000	DMR 2001	DMR 2002
1	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease
2	Cancer	Cancer	Pneumonia	Pneumonia	Aspiration Pneumonia	Aspiration Pneumonia
3	Stroke	Stroke	Chronic Respiratory Disease	Chronic Respiratory Disease	Cancer	Cancer & Septicemia[4]
4	Chronic Respiratory Disease	Chronic Respiratory Disease	Cancer	Cancer	Septicemia	C-P Arrest/ Seizure[15]
5	Accidents	Influenza and Pneumonia	Septicemia	Septicemia	Alzheimer's	Alzheimer's
6	Diabetes	Alzheimer's	Gastro-Intestinal	Nephritis	Influenza and Pneumonia	Chronic Respiratory Disease
7	Influenza and Pneumonia	Unintentional Injuries	Nephritis	C-P Arrest/ Seizure	Chronic Respiratory Disease	Influenza and Pneumonia
8	Alzheimer's	Diabetes	Alzheimer's	Alzheimer's	C-P Arrest/ Seizure [15]	Nephritis
9	Nephritis	Nephritis	Seizure-related	Stroke	Accidents	Stroke
10	Septicemia	Septicemia	Accidents	Gastro-intestinal	Stroke	Congenital Defects

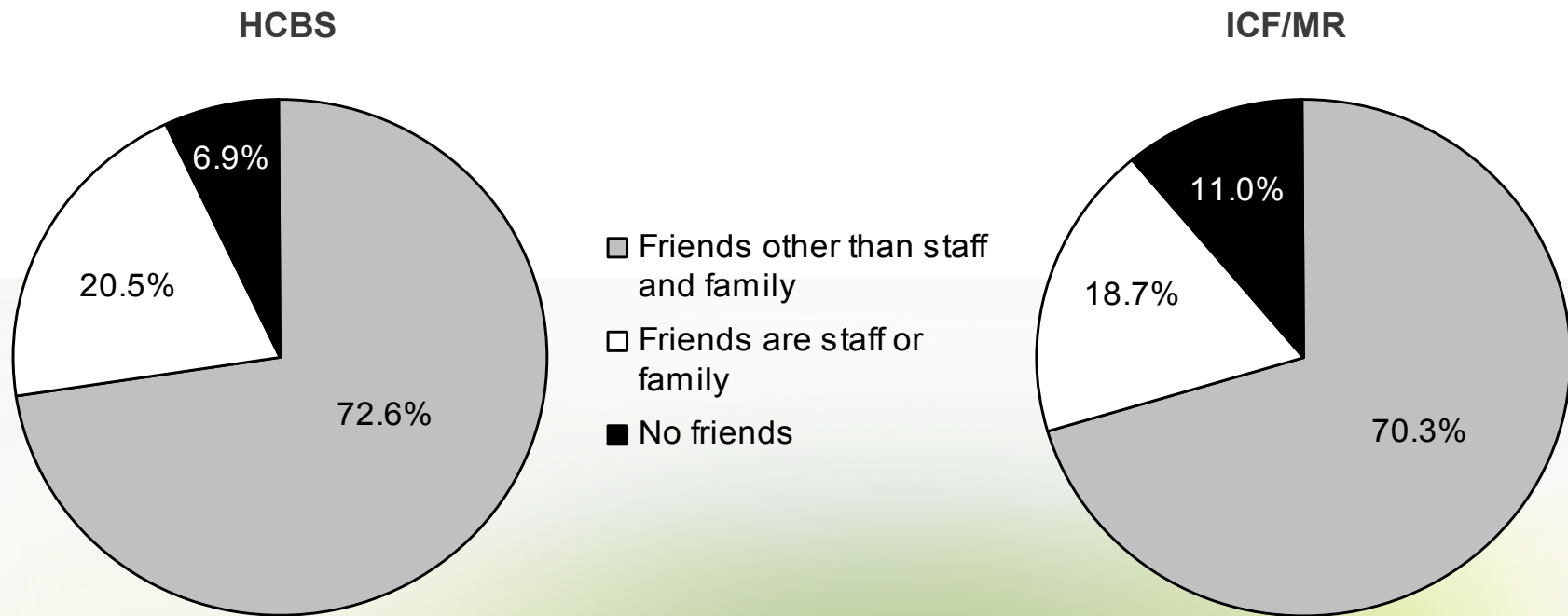# Consumer Quality Outcomes

National Core Indicators

- Collects data on consumers the system
- Allows for comparisons across time
- Elicits information on key areas of concern including relationships, choice, health, and employment
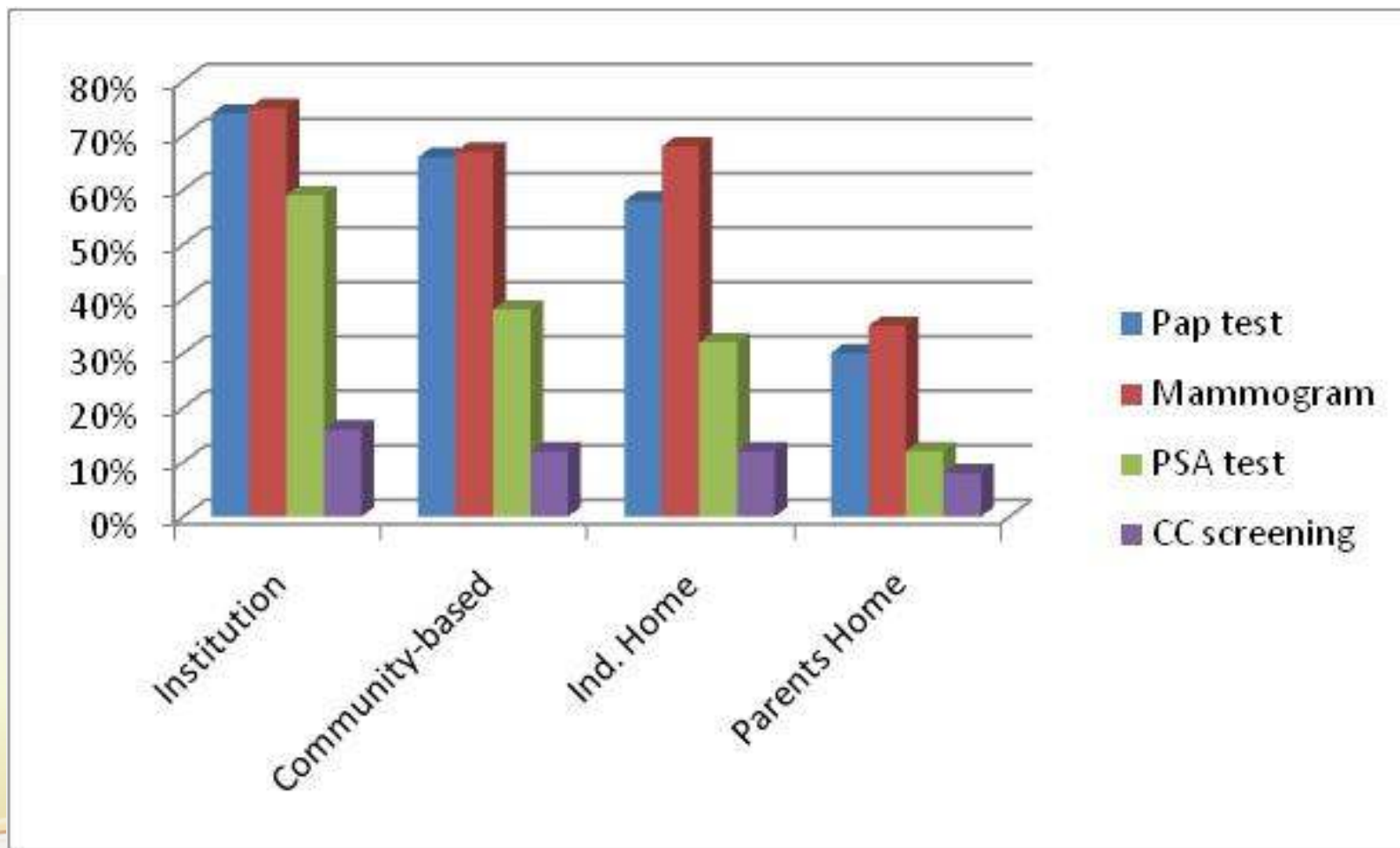- Can be used to monitor course of reform

Feelings of Loneliness Among HCBS and ICF/MR Service Recipients in Six States

HCBS

13.6%

55.1%

31.3%

□ Never/rarely

□ Sometimes

■ Often

ICF/MR

13.1%

47.9%

39.0%

Reported Friendships of HCBS and ICF/MR Recipients in Six States

HCBS

- 6.9%
- 20.5%
- 72.6%

□ Friends other than staff and family

□ Friends are staff or family

■ No friends

ICF/MR

- 11.0%
- 18.7%
- 70.3%

Cancer Screenings by Living Arrangement

Choice of Where and With Whom to Live

Person Chose Home

Category	Percentage
Someone else chose	59.2%
Person had some input	21.9%
Person made the choice	19.0%
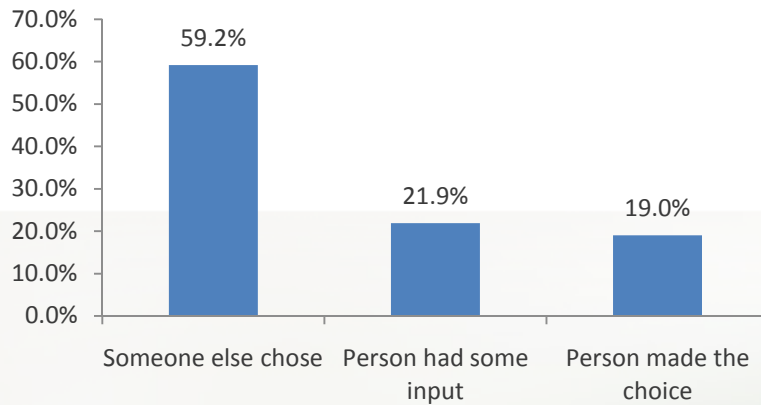
Person Chose Roommates

Category	Percentage
Someone else chose	63.2%
Person had some input	12.2%
Person made the choice	24.6%
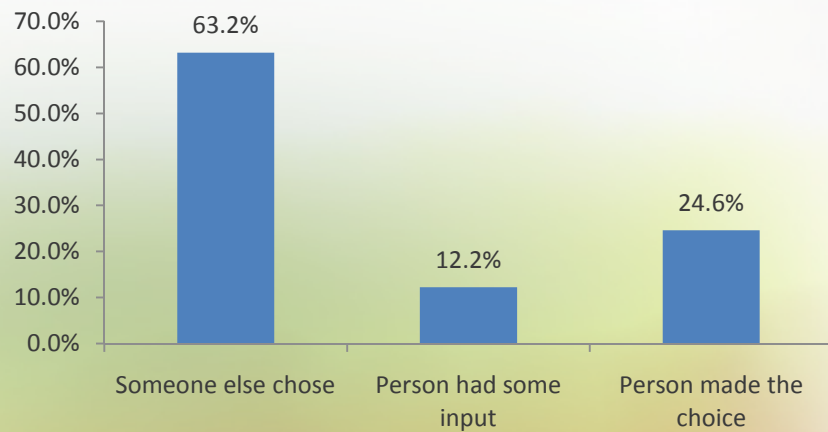
Choice of Job, Activities

Person Chose Job

17.4%	32.6%	50.0%
Someone else chose	Person had some input	Person made the choice
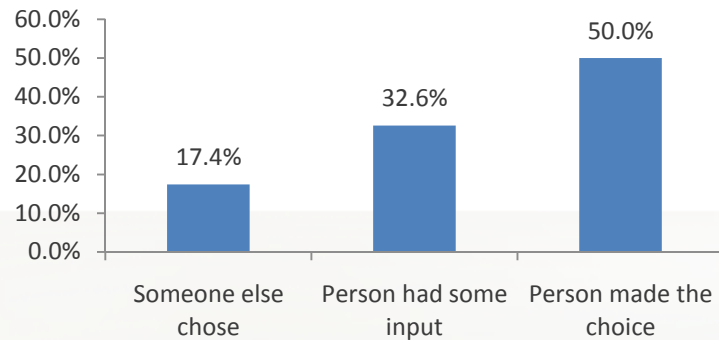
Person Chose Day Program

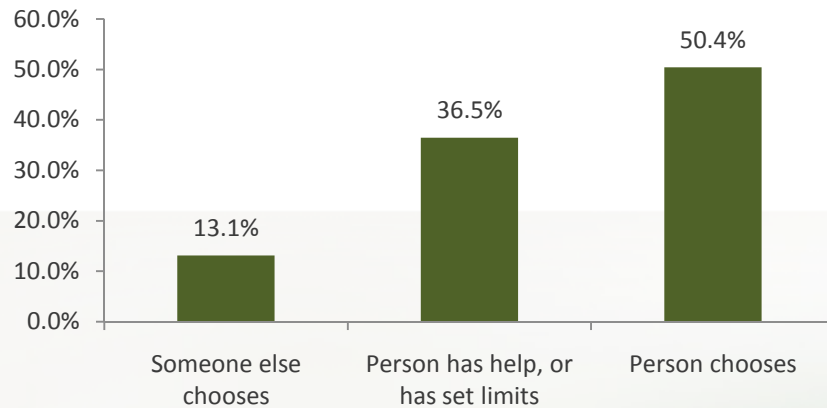|		
39.3%	33.0%	27.7%
Someone else chose	Person had some input	Person made the choice
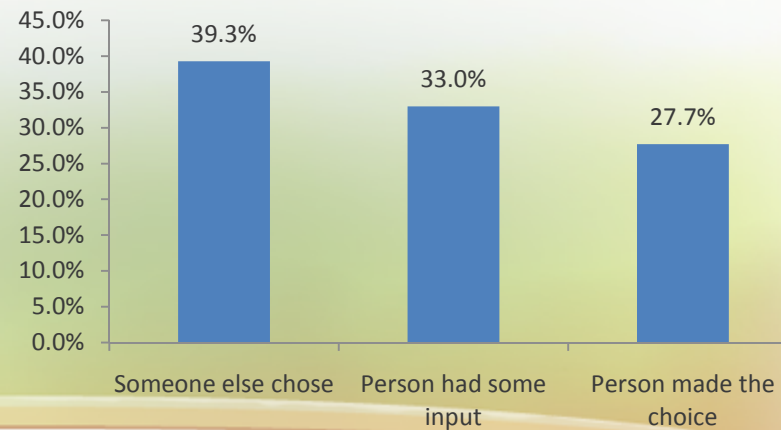
Choice of Free Time and Spending

Person Chooses What to Buy With Spending Money

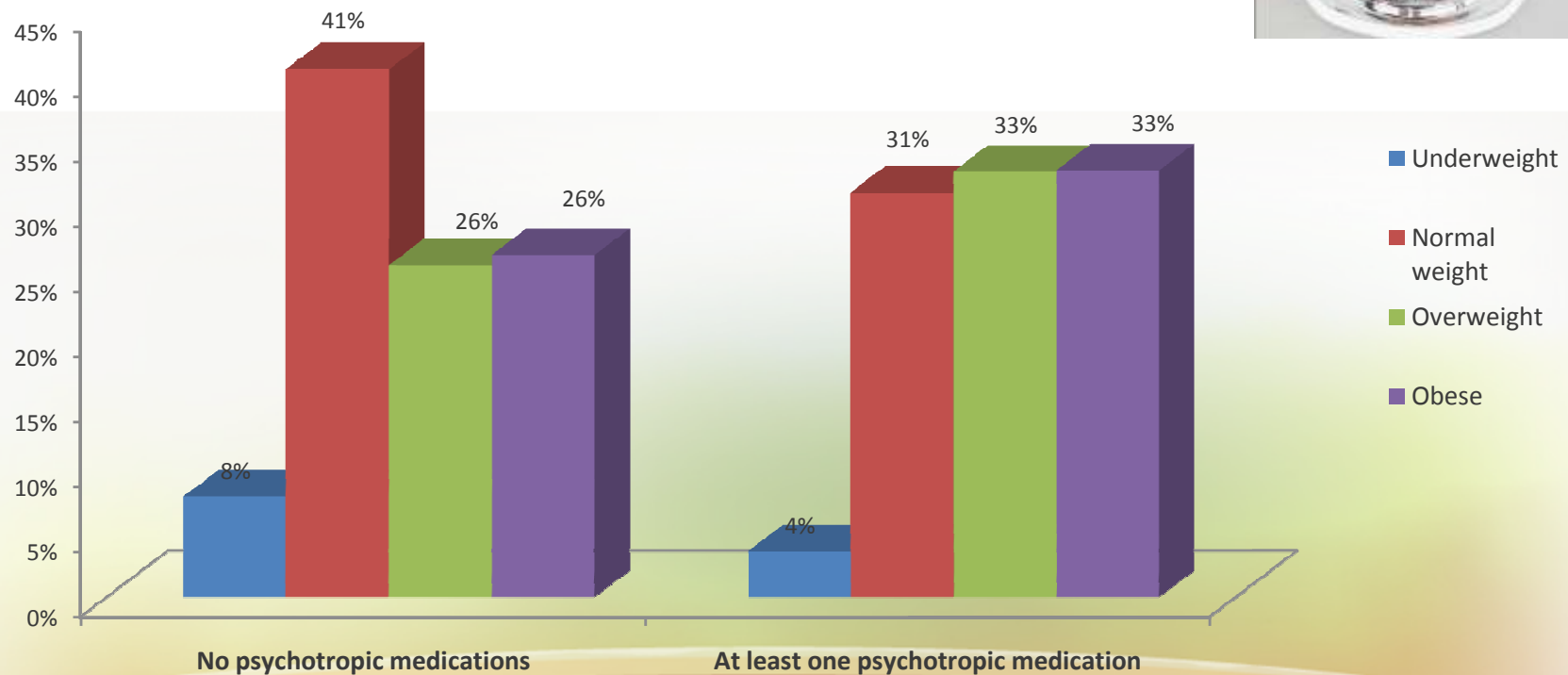- Someone else chooses: 13.1%
- Person has help, or has set limits: 36.5%
- Person chooses: 50.4%

Person Chooses How To Spend Free Time

- Someone else chooses: 10.6%
- Person has help choosing: 27.4%
- Person chooses: 61.9%

At Least One Psychotropic Medication

	Institution	Community based	Ind. Home	Parents home
	51%	64%	47%	34%
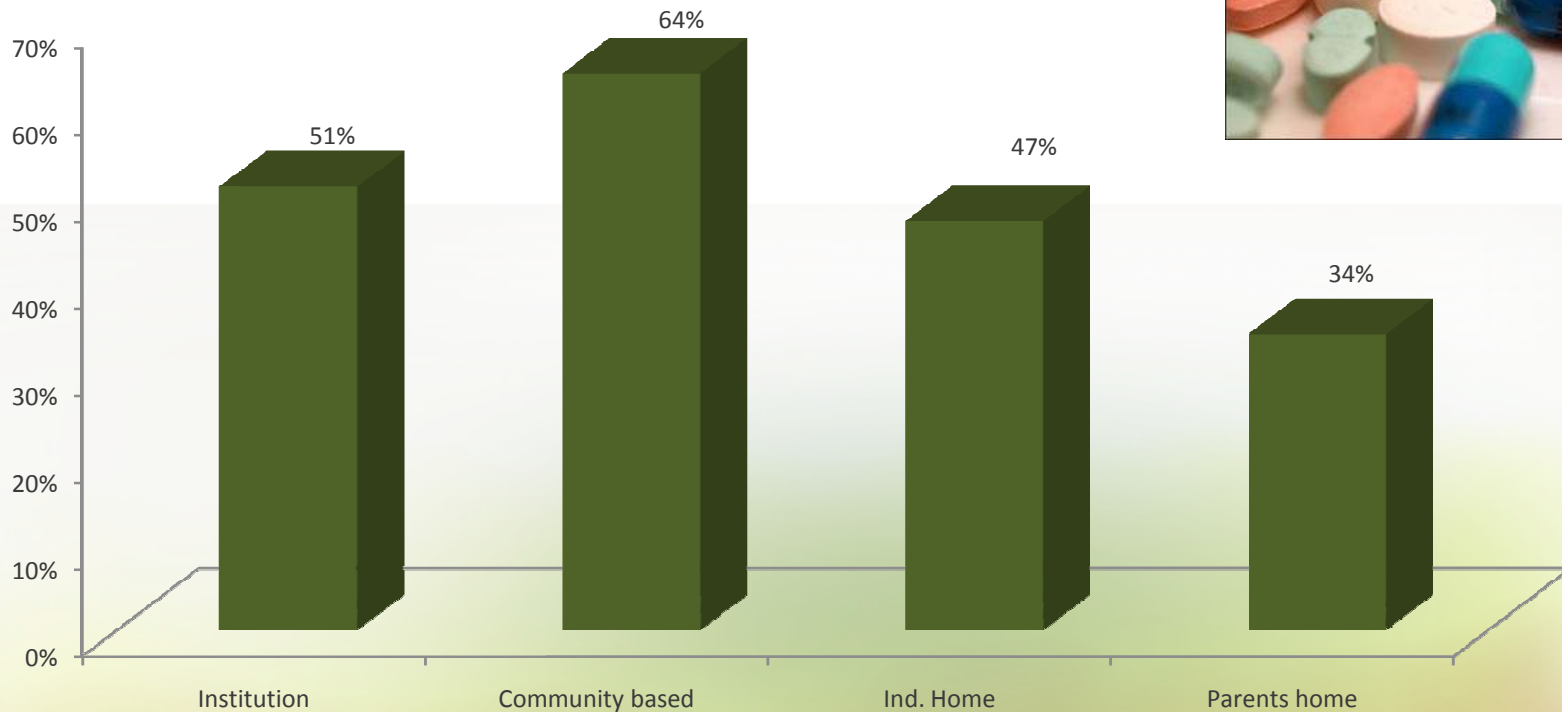
Use of Psychotropic Medications and Obesity

Category	No psychotropic medications	At least one psychotropic medication
Underweight	8%	4%
Normal weight	41%	31%
Overweight	26%	33%
Obese	26%	33%

Loneliness by Living Arrangement